

WEB: Registration Form

2019
2020

Over 40 Open Play Season Pass 2019/2020

Complete & Return to: BREAK AWAY SPORTS CENTER INC, 5964 Executive Dr, Madison, WI 53719

Name of Participant _____

Address/City/Zip _____

Telephone (Primary) (Alternate) Email address _____

Adult Player - MUST read & sign!

As an adult player, I have read & understand the registration procedures listed in this brochure. I accept the responsibility as a participant that the registrant indicated above will play according to the policies listed in the registration procedures. Any participation to the contrary will be subject to removal of myself, the participant without refund. I agree to allow Break Away Sports Center to contact me about soccer programs they offer during the upcoming season. Refunds based on \$8/Sun session from November 1 and \$30 administration Fee. No Refunds after February 1, 2020. Non Transferable.

X _____
Player Signature

Over 40 Open Play Season Pass \$175

MUST be Over 40

CREDIT CARD PAYMENT

(Office Use ID _____)

As the Representative registering the team above, I understand that by completing and signing or authorizing the credit card information below, I authorize the payment of all fees associated with the above team registration and that by registering with partial team payment, I accept and approve any remaining team fees will automatically be charged to this credit card after the first game of league play without any further notification.

☐ MasterCard

☐ Visa

☐ Discover

☐ Amer Express

Card Holder Signature X _____

Credit Card # _____ Exp. Date _____